

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V13284 (7)
1. Corporation Name
PLASENCIA & SASTRY LEASING CO.



Principal Place of Business: **2110 WEST MARTIN LUTHER KING BLVD. TAMPA FL 33607**
Mailing Address: **2110 WEST MARTIN LUTHER KING BLVD. TAMPA FL 33607**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **02/10/1992**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-3115050**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**HINES, JAMES P.
315 SOUTH HYDE PARK AVENUE
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person to be appointed as the new registered agent

Signature of James P. Hines, Secretary of State

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. D **PLASENCIA, DANIEL J.**
2110 W MARTIN LUTHER KIN
TAMPA FL
2. D **SASTRY, SRIDHARA**
2110 W MARTIN LUTHER KIN
TAMPA FL

1. 1. TITLE: Change Addition
2. 2. NAME:
3. 3. STREET ADDRESS:
4. 4. CITY - ST - ZIP:
5. 5. 1. TITLE: Change Addition
6. 6. NAME:
7. 7. STREET ADDRESS:
8. 8. CITY - ST - ZIP:
9. 9. 1. TITLE: Change Addition
10. 10. NAME:
11. 11. STREET ADDRESS:
12. 12. CITY - ST - ZIP:
13. 13. 1. TITLE: Change Addition
14. 14. NAME:
15. 15. STREET ADDRESS:
16. 16. CITY - ST - ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; that the recipient is a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

CR2E034 (12/95)